

Discrimination Complaint Form

Complainant					
Job Title		Department			
Email Address		Supervisor's Na	Supervisor's Name		
Home Address					
Work # ()	Home	2 # ()	Cell	# ()	
ISSUE(S) Denial of Selection Termination Constructive Discharge Differential Treatment Denial of Reasonable Accommodation		Denial of Training Lay-off Disciplinary Action Sexual Harassment		Denial of Promotion Denial of Leave Harassment Other (please specify)	
ALLEGATION(S) BASED ON: Age Sex/Gender Disability Pregnancy Marital Status Other (please specify)		National Origin/Ancestry Race/Color Political Belief Sexual Orientation Genetic Characteristics		Retaliation Religion Gender Identity Medical Condition Union Activity	
Name and title(s) of person(s)	causing	g discrimination and/or hara	ssmer	nt:	
Name(s), title(s), and contact information or evidence helpfu					



	surrounding your allegations of discrimination and/orne(s) and locations where the act(s) occurred and use a needed and attach to this document.
Dete	Cianatura of Canadainant
Date	Signature of Complainant
What remedy are you seeking?	

Please complete and return to:

Administrative Services Officer
Title VI/Affirmative Action Coordinator
255 Glacier Drive
Martinez, CA 94553
925-313-2108 (Office)
925-313-2333 (Fax)
carrie.ricci@pw.cccounty.us